

SmallPHAPlanUpdate  
AnnualPlanforFiscalYear:     **2002**

# **RESOLUTION#187**

## **MankatoHousingAuthority**

**NOTE:THISPHAPLANSTEMPLATE(HUD50075     )ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** Mankato Housing Authority

**PHANumber:** KS141

**PHAFiscalYearBeginning:(mm/yyyy)** 07/2002

**PHA Plan Contact Information:**

Name: Nancy Becker

Phone: (785) 378 -3017

TDD:

Email (if available): nbecker@ruraltel.net

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)**

- ☒ Main administrative office of the PHA  
☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ Main administrative office of the local, county or State government  
☐ Public library  
☐ PHA website  
☐ Other (list below)

**PHA Plan Supporting Documents are available for inspection at: (select all that apply)**

- ☒ Main business office of the PHA  
☐ PHA development management offices  
☐ Other (list below)

**PHA Programs Administered :**

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

## Annual PHA Plan

### Fiscal Year 2002

[24CFR Part 903.7]

#### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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#### ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

## **1.SummaryofPolicyorProgramChangesfortheUpcomingYear**

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredinother sections of this Update.

*Atthepresenttime,therearenoplanstochangeanypoliciesor programsfortheupcomingyear.*

## **2.CapitalImprovementNeeds**

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A.XYes ☐ No:Is thePHAeligible to participate in the CFP in the fiscal year covered by this PHAPlan?

B.WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFundProgramgrant fortheupcomingyear?\$38,000.00

C. ☒ Yes ☐ No DoesthePHAplantoparticipateintheCapitalFundPrograminthe upcomingyear?Ifyes,complete therestofComponent7.Ifno,skiptonextcomponent.

D.CapitalFundProgramGrantSubmissions

### **(1)CapitalFundProgram5 -YearActionPlan**

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachmentC

### **(2)CapitalFundProgramAnnualStatement**

TheCapitalFundProgramAnnualStatementisprovidedasAttachmentB

## **3.D emolitionandDisposition**

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

1. ☐ Yes ☒ No: DoesthePHAplantconductanydemolitionordispositionactivities (pursuant to section 18 of the U.S.Housing Act of 1937(42U.S.C. 1437p))intheplanFiscalYear?(If“No”,skiptonextcomponent;if “yes”,completeoneactivitydescriptionforeachdevelopment.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

## **4. Voucher Homeownership Program**

[24 CFR Part 903.79(k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5.SafetyandCrimePrevention:PHDEPPlan**

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmayskip to thenext component PHAeligibleforPHDEPfundsmustprovidea PHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfunds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6.OtherInformation**

[24CFRPart903.79(r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
☐ Yes ☐ No: below or  
☒ Yes ☐ No: at the end of the RAB Comments in *Attachment F*.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.
- ☒ Other: (list below)  
*Attachment F*

## B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☒ Other: (list below)

*Third Year Annual Plan: small PHA not required to complete this*

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 90.3.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

*A "Substantial Deviation from the 5-Year Plan" will be defined as "any change of over \$20,000.00 from one development number to another" (ie. \$20,000.00 change from Dwelling Structures to Site Improvement.)*

#### B. Significant Amendment or Modification to the Annual Plan:

*A "Significant Amendment or Modification to the Annual Plan" will follow the same guidelines as a Substantial Deviation to the 5-Year Plan.*

## Attachment\_A

### Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
*see below	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)  <i>Not required</i>	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types  <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
N/A	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasons for revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS) or other resident services grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# ATTACHMENTB:

## AnnualStatement/PerformanceandEvaluationReport

### CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary

<b>PHAName:</b> <i>MankatoHousingAuthority</i>		<b>GrantTypeandNumber</b> CapitalFundProgram: <i>KS16P14150102</i> CapitalFundProgram ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b> <i>2002</i>	
<input checked="" type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno: )</b>					
<input type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Line No.	SummarybyDevelo pmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$3,800.00			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement	\$8,000.00			
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures	\$25,200.00			
13	1475NondwellingEquip ment	\$1,000.00			
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$38,000.00			
21	Amountoffline20RelatedtoLBPAactivities				

**ATTACHMENTB:****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

<b>PHAName:</b> <i>MankatoHousingAuthority</i>		<b>GrantTypeandNumber</b> CapitalFundProgram: <i>KS16P14150102</i> CapitalFundProgra m ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b> <i>2002</i>	
<input checked="" type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:      )</b> <input type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
<b>Line No.</b>	<b>SummarybyDevelo pmentAccount</b>	<b>TotalEstimatedCost</b>		<b>TotalActualCost</b>	
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity	\$1,000.00			
24	Amountoffline20RelatedtoEnergyConservation Measures				

**ATTACHMENTB:****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName: <i>MankatoHousingAuthority</i>		GrantTypeandNumber CapitalFundProgram#: <i>KS16P14150102</i> CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: <i>2002</i>		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCos t		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
KS141	Operations	1406		\$3,800				
KS141	Landscaping/treereplantings	1450		\$2,000				
KS141	PVCfencingaroundtrashdumpsters,	1450		\$6,000				
KS141	replaceparkbenches&handrails,	1450						
	picnictablesand/orbenchesatCB							
KS141	EmergencyEXITlightedsignsinCB	1475		\$1,000				
KS141	Remodeladministrationoffices	1470		\$25,200				
	tocreateone largeofficeoutoftwo,							
	includesnewworkstations,cabinets,							
	andrecarpet/vinylofentireCB							

**ATTACHMENTB:**

# Annual Statement/Performance and Evaluation Report

**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**

## Part III: Implementation Schedule

[illegible]

# ATTACHMENTC:

## Capital FundProgram5 -YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA  
 plannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludetheinformationfromYearOneofthe5  
 informationisincludedintheCapitalFundProgramAnnualStatement.

<div> <div> <input type="checkbox"/> Originalstatement </div> <div> <input checked="" type="checkbox"/> Revisedstatement </div> </div>		
Development Number	DevelopmentName (orindicatePHAwide)	
KS141	MankatoHousingAuthority	
DescriptionofNeededPhysicalImprovementsorManagementImprovements	EstimatedCost	PlannedStartDate (HAFiscalYear)

Replacecarpet/vinylin4apts.	\$8,000.00	2003
Replacekitchencabinetsin4apts.	12,000.00	2003
Paint4apts.	400.00	2003
Admin.vehicle	14,000.00	2003
Operations	3,600.00	2003
Replacecarpet/vinylin4apts.	\$8,000.00	2004
Replacekitchencabinetsin4apts.	12,000.00	2004
Paint4apts.	400.00	2004
Replacemaintenancevehicle	17,600.00	2004
Replacecarpet/vinylin4 -1BR,2 -2BRapts.	\$13,000.00	2005
Replacekitchencabinetsin4 -1BR,2 -2BRapts.	19,000.00	2005
Paint4 -1BR,2 -2BRapts.	700.00	2005
Operations	3,800.00	2005
SiteImprovement	1,500.00	2005
Replacecarpet/vinylin4apts.	\$8,000.00	2006
Replacekitchencabinetsin4apts.	12,000.00	2006
Paint4apts.	400.00	2006
ReplacelaundromatmachinesinComm.Bldg.	3,000.00	2006
Upgradeofficemachines	5,000.00	2006
Operations	3,800.00	2006
Landscape/replantings	800.00	2006
Maintenance/yardequipment	5,000.00	2006
Replacecarpet/vinylin4 -1BR,2 -2BRapts.	\$13,000.00	2007
Replacekitchencabinetsin4 -1BR,2 -2BRapts.	19,000.00	2007
Paint4 -1BR,2 -2BRapts.	700.00	2007
Operations	3,800.00	2007
SiteImprovement	1,500.00	2007
<b>Totalestimatedcostovernext5years</b>	<b>\$190,000.00</b>	



## REQUIRED ATTACHMENT D:

### Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis  
☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

B. Date of next term expiration of a governing board member: 02/03/2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

<i>Don Hamilton</i>	<i>Mayor</i>
<i>Lyle Dauner</i>	<i>Council Member</i>
<i>Rick Diamond</i>	<i>Council Member</i>
<i>Karen Ross</i>	<i>Council Member</i>
<i>Wayne Dunn</i>	<i>Council Member</i>
<i>Mel Brown</i>	<i>Council Member</i>

## **REQUIRED ATTACHMENT E:**

### **Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

*The Mankato Housing Authority does not have a Resident Advisory Board at the present time.*

## **ATTACHMENT F:**

### **Comments of Resident Advisory Board & Explanation of PHA Response**

*The Mankato Housing Authority does not have a Resident Advisory Board or a resident on the Housing Board of Commissioners. Invitations have been issued, but to date there have been no volunteers.*

*In lieu of an official resident board, ongoing input is encouraged from tenants. morning coffee is held once a week, and generally once a month, issues and ideas regarding the apartment complex are discussed. This coffee time is open to all tenants, and anywhere between 8 and 12 tenants are regular attenders. Their suggestions are noted, and some of their suggestions have been addressed directly in this year's plan and budget revisions.* A

*One such revision is to revise the idea of installing high-rise toilets in all apartments. Although many of the tenants are elderly, several of the are very short which could make this adaptation difficult. Instead, we have researched the availability of grab bars which will fit our situation, and the general consensus is that the installation of this grab bar will not only help everyone at the toilet, but also help getting in and out of the bathtub.*

*The 2000 CFP Grant has been revised to provide a few tenant-friendly improvements with the addition of a phone jack in the living rooms, and the installation of individual mailboxes so tenants do not have to go to a main cluster box. No landscaping had been updated since the complex was originally built, so considerable cleanup and replanting were necessary.*

*The 2001 CFP Grant is also being revised to allow for a lengthy list of more tenant-friendly improvements. In addition to the grab bars mentioned above, this revision calls for replacement of their front storm doors, and the installation of ceiling fans, a light above each kitchen sink, and shelving in the tenant storage units. Some uneven sidewalk sections are to be repaired to provide safer walkways.*

*In keeping with the goals and objectives of the Mankato Housing Authority, we continue to work together with our tenants in order to provide a safe and secure environment and a comfortable place for our tenants to call "home."*

<h2 style="margin: 0;">ATTACHMENTG:</h2> <h3 style="margin: 0;">AnnualStatement/PerformanceandEvaluationReport</h3> <h3 style="margin: 0;">CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</h3>					
<b>PHAName:</b> <i>MankatoHousingAuthority</i>		<b>GrantTypeandNumber</b> CapitalFundProgram: <i>KS16P14150100</i> CapitalFundProgram ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b> <i>2000</i>
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> OriginalAnnualStatement  <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:03/02         </div> <div> <input type="checkbox"/> ReserveforDisasters/Emergencies  <input type="checkbox"/> FinalPerformanceandEvaluationReport         </div> <div> <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 2)         </div> </div>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement		\$16,375.00	\$5,157.20	\$5,157.20
10	1460DwellingStructures	\$37,014.00	12,789.00	1,475.00	1,487.25
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment		7,850.00	4,350.00	4,350.00
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$37,014.00	\$37,014.00	\$10,982.20	\$10,994.45
21	Amountoffline20RelatedtoLBPAactivities				

<b>ATTACHMENTG:</b> <b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</b>					
<b>PHAName:</b> <i>MankatoHousingAuthority</i>		<b>GrantTypeandNumber</b> CapitalFundProgram: <i>KS16P14150100</i> CapitalFundProgram ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b> <i>2000</i>
<input type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input checked="" type="checkbox"/> <b>RevisedAnnualStatement(revisionno: 2)</b>					
<input checked="" type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:03/02</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
<b>Line No.</b>	<b>SummarybyDevelopmentAccount</b>	<b>TotalEstimatedCost</b>		<b>TotalActualCost</b>	
22	Amountoffline20RelatedtoSe ction504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				

**ATTACHMENTG:**

## AnnualStatement/PerformanceandEvaluationReport

**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**

## PartII:SupportingPages

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**ATTACHMENTG:**

## AnnualStatement/PerformanceandEvaluationReport

**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**

## Part III: Implementation Schedule

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<b>ATTACHMENT:</b> <b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> <i>Mankato Housing Authority</i>		<b>Grant Type and Number</b> Capital Fund Program: <i>KS16P14150101</i> Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <i>2001</i>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no : 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations		\$3,775.00	0.00	0.00
3	1408 Management Improvements		\$7,000.00	0.00	0.00
4	1410 Administration				
5	1411 Audit		\$1,000.00	0.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs		\$204.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement		\$3,300.00	0.00	0.00
10	1460 Dwelling Structures	\$37,754.00	\$16,075.00	0.00	0.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures		\$1,000.00	0.00	0.00
13	1475 Non dwelling Equipment		\$5,400.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$37,754.00	\$37,754.00		
21	Amount of line 20 Related to LBP Activities				



**ATTACHMENTH:****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

<b>PHAName:</b> <i>MankatoHousingAuthority</i>		<b>GrantTypeandNumber</b> CapitalFundProgram: <i>KS16P14150101</i> CapitalFundProgram ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b> <i>2001</i>	
<input type="checkbox"/> <b>OriginalAnnualStatement</b>		<input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b>		<input type="checkbox"/> <b>RevisedAnnualStatement(revisionno : 1)</b>	
<input checked="" type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:03/02</b>		<input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>			
<b>Line No.</b>	<b>SummarybyDevelopmentAccount</b>	<b>TotalEstimatedCost</b>		<b>TotalActualCost</b>	
22	Amountoffline20RelatedtoSection504 Compliance	\$3,000.00			
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures	\$8,600.00			

# ATTACHMENTH:

## AnnualStatement/PerformanceandEvaluationReport

### CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

#### PartII:SupportingPages

PHAName: <i>MankatoHousingAuthority</i>		GrantTypeandNumber CapitalFundProgram#: <i>KS16P14150101</i> CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: <i>2001</i>		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
KS141	Replacestormdoors	1460	24	\$33,600.00	\$5,000.00			
KS141	Installgrabbarsbetweenstool&tub	1460	21	4,154.00	2,000.00			
KS141	Installceilingfansinlivingrooms	1460	24	0.00	3,600.00			
KS141	Installlightabovekitchensin ks	1460	25	0.00	1,875.00			
KS141	Installshelvingintenantstorageunits	1460	24	0.00	3,600.00			
KS141	Landscaping/replantings	1450		0.00	1,000.00			
KS141	PINEHAVENprojectsign	1450		0.00	2,000.00			
KS141	Paintstripesinparkinglot	1450		0.00	300.00			
KS141	Repairunevensectionsofsidewalk	1470		0.00	1,000.00			
KS141	FoldingchairsforComm.Room	1475	30	0.00	900.00			
KS141	Upgrade(2)computersinadm.office	1408	2	0.00	4,000.00			
KS141	Operations	1406		0.00	3,775.00			
KS141	Upgradeofficemachines(copymachine, typewriter,phone/fax,secondphone)	1408		0.00	3,000.00			
KS141	MicrowaveOveninComm.Room	1475		0.00	150.00			
KS141	SteamVacRugCleaner	1475		0.00	300.00			
KS141	CommercialVacuumCleaner	1475		0.00	300.00			
KS141	OzoneAirCleaner(portable)	1475		0.00	350.00			

**ATTACHMENT:**

## AnnualStatement/PerformanceandEvaluationReport

**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**

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PartII:SupportingPages,c ont.

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**ATTACHMENT:**

# Annual Statement/Performance and Evaluation Report

**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**

## Part III: Implementation Schedule

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